

State of Kansas Deferred Inspection Record

Reviewed

Department of Administration, Division of Facilities Management, Facilities Planning, Design and Construction

This is a record of inspection. This is not a work directive or authorization. All work directives shall be made by the Project Architect/Engineer (AE).

Date: _____ By: _____, Inspector _____ DFM Check

Project Number: _____ Project Name: _____

Area Inspected: building (or) Area (description) _____

Distribution to: DFM Planner: _____ Agency: _____ A/E: _____ Contractor: _____

P = Periodic/progress inspection only; required inspection to be completed at a later date R = Required inspection for occupancy

D = Deficiency noted A = Approved (Approval as a result of an inspection shall not be construed to be an approval of a violation of adopted codes.)

GENERAL CONSTRUCTION:

P	R		D	A
<input type="checkbox"/>	<input type="checkbox"/>	General Temporary Exiting / Barrier between construction-occupied areas	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Footing/Foundation Reinforcing steel / Forms	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Under floor/under slab Reinforcing steel	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Framing/in-wall Framing / Bracing / Blocking / Sheathing	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Fire-rated assemblies Walls / Floor-ceiling / Roof-ceiling	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Fire-rated penetrations Doors / Windows / Fire caulk	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Above Ceiling Ceiling support / Fire-rated penetrations above ceiling	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Exit path inspection Aisles / Corridors / Stairs / Door Hardware / Exit Discharge	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Roofing/re-roofing Tear off / Insulation / Membrane / Flashing / Drainage	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Elevator inspection Load test / ADAAG	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	ADAAG inspection Parking / Doors / Toilet rooms / Ramps / Signage	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Final Exit / ADAAG / All other inspections verified	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Quality of work Good / Average / Poor (see notes)		
<input type="checkbox"/>	<input type="checkbox"/>	Special inspection Soils / Concrete / Steel / Masonry / Spray fire resistant materials / Testing agency present		

NOTES: _____

MECHANICAL:

P	R		D	A
<input type="checkbox"/>	<input type="checkbox"/>	In- wall	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Fire-rated penetrations Walls / Floor-ceiling / Roof-ceiling / Fire caulk / Dampers	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Above ceiling Duct / Equipment / Fire-rated penetrations above ceiling	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Final All other inspections verified	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Duct rough-in Sealed / Equipment room / Distribution / Flex / Exhaust	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Duct insulation Wrap / Liner	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Equipment AHU / Terminal units / Exhaust fan / Trim out	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Systems Operational / Complete	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Quality of work Good / Average / Poor (see notes)		
<input type="checkbox"/>	<input type="checkbox"/>	Special inspection Smoke control		

NOTES: _____

PLUMBING:

P	R		D	A	
<input type="checkbox"/>	<input type="checkbox"/>	Under floor/under slab	Excavation / Compaction / Piping	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Underground	Bedding / Piping	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	In-wall	Piping / Support / Pressure tests (see below)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Fire-rated penetrations	Walls / Floor-ceiling / Roof-ceiling / Fire caulk	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Above ceiling	Distribution / Support / Insulation	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Piping pressure test	Roof drain / Waste / Vent / Domestic / Heating / Chilled / Condenser / Gas / Air	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Backflow preventor	Access / installed / Tested and tagged	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Fire Sprinkler system	Hydrostatic or air test / Operational tests / PRV / Sprinkler coverage / Final	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Final	ADAAG / All other inspections verified	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Quality of work	Good / Average / Poor (see notes)		

NOTES:

ELECTRICAL:

P	R		D	A	
<input type="checkbox"/>	<input type="checkbox"/>	Under floor/under slab	Excavation / Compaction / Piping	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Underground	Bedding / Piping	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	In wall	Distribution / Support	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Fire-rated penetrations	Walls / Floor-ceiling / Roof-ceiling / Fire caulk	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Above ceiling	Distribution / Support / Fire-rated penetrations above ceiling	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Emergency Power	Battery / unit equipment / Generator	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Exit Path inspection	Exit lights / Emergency lights interior / Emergency lights exterior	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Conductors	Pulled / Terminated	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Systems inspected	Service / Panels / Distribution / Trim out	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Power Systems	Operational / Energized / Complete	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Final	Exit / ADAAG / All other inspections verified	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Quality of work	Good / Average / Poor (see notes)		

NOTES:

FIRE ALARM:

P	R		D	A	
<input type="checkbox"/>	<input type="checkbox"/>	In-wall	Distribution / Support	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Fire-rated penetrations	Walls / Floor-ceiling / Roof-ceiling / Fire caulk	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Above-ceiling	Distribution / Support	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Conductors	Pulled / Terminated by _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Devices installed	Coverage / Building clean / Building dirty / Remove / Protect	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	System tested	(see separate testing form) Sprinkler / HVAC shutdown / Final test	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Quality of work	Good / Average / Poor (see notes)		

NOTES: